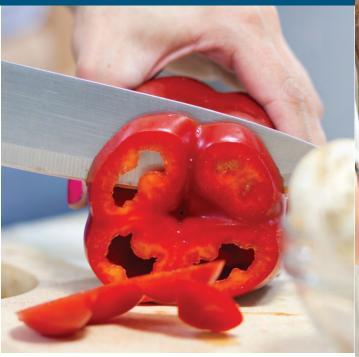
To be completed by parent/gaurdian

(Name of Child) will have the opportunity to use kitchen utensils and equipment during our cooking program. Students will learn about appropriate and safe operation and use of kitchen equipment and they will be supervised at all times. Although every precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment. Due to the nature of the class, we ask that you disclose any known food allergies or restrictions to ensure the safety of your child. Parents, please initial next to the corresponding
statement.
☐ My child has NO KNOWN Food Allergies or Restrictions.
☐ My child's KNOWN Food allergies and/or restrictions include
Children
Child's name:
Name of Parent(s)/ Guardian(s):
Cell phone: Work phone:
Emergency contact name / phone:
Home Address:
Parent Email Address:
Child's date of birth:
Child's Grade in Upcoming School Year:
Name of School:
Name of child's Pediatrician/ Doctor:
Physician phone:
Trysician prioric.
Current Medications (if any):
As parent/guardian of the child listed above, I give my permission for my child to participate in the Teen Cooking Classes
(Parent/Guardian Signature)



Contact
Josh White, Healthy Communities
217-345-6826
jwhite2@sblhs.org

Make checks payable to
Healthy Communities
and mail application/check to:
SBL Healthy Communities
655 W. Lincoln Ave Suite 13
Charleston, IL 61920





Teen Cooking Class



